

JAN 05 2006

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**SCULLY, SCOTT, MURPHY
& PRESSER****Fax**

To: Examiner Fazli Erdem
Art Unit: 2826

From: Leslie S. Szivos

Fax: 571-273-8300

Pages: 11 pages including fax cover sheet

Phone:

Date: 1/5/2006

Re: U.S. Patent Appln. No. 10/710,273
Docket: FIS920030368US1 (17140)
Confirmation No. 4272

CC:

RESPONSE TO OFFICE ACTION

Please see the following documents:

1. Amendment Transmittal (in duplicate)
2. Authorization to charge IBM deposit account
3. Response under 37 C.F.R. § 1.111
4. Request for Change of Mailing Address

5. Certificate of transmission by facsimile dated January 5, 2006

If you have any questions concerning this facsimile please contact Vivian Henriquez at 516-742-4343.
Thank you.

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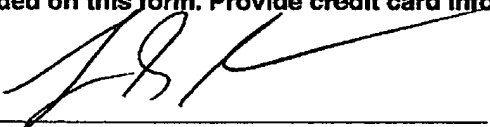
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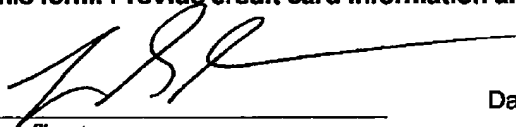
PAGE 19/28 * RCVD AT 1/5/2006 5:21:08 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/28 * DNIS:2738300 * CSID:5167424366 * DURATION (mm-ss):07-48

JAN 05 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Bruce B. Doris et al.				FIS920030368US1 (17140)	
Application No. 10/710,273	Filing Date June 30, 2004	Examiner Fazli Erdem	Customer No. 23389	Group Art Unit 2826	Confirmation No. 4272
Invention: ULTRA THIN BODY FULLY-DEPLETED SOI MOSFETs					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Leslie S. Szivos, Ph.D. Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza - Suite 300 Garden City, New York 11530</div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					

P11LARGE/REV09

JAN 05 2006

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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ <i>Signature</i>			Dated: January 5, 2006											
Leslie S. Szivos, Ph.D. Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza - Suite 300 Garden City, New York 11530			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</td> </tr> <tr> <td style="width:50%; text-align: center;">(Date)</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.		(Date)		_____ <i>Signature of Person Mailing Correspondence</i>		_____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bruce B. Doris et al.

Examiner: Fazli Erdem

Serial No: 10/710,273

Art Unit: 2826

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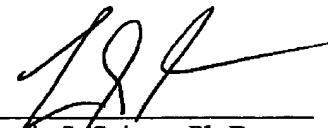
Mailstop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450RESPONSE UNDER 37 C.F.R. § 1.111

Sir:

In response to the Office Action dated October 5, 2005, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this document is being filed in the United States Patent and Trademark Office on the date shown below via facsimile transmission to Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 at United States Patent and Trademark Office facsimile transmission number (571) 273-8300.

Dated: January 5, 2006
Leslie S. Szivos, Ph.D.